

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2					
TOTAL DEP.	17					
TOTAL CLAIMS	19					

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IND.	DEP.	IND.	DEP.
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TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

CLAIMS

SERIAL NO.

FILING DATE

APPLICANT(S)
091446583

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
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TOTAL IND.	2		2		2	
TOTAL DEP.	24	↔	24	↔	17	↔
TOTAL CLAIMS	26	██████████	19	██████████	16	██████████

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS		██████████		██████████		██████████

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS